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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/578,664	<b>FILING OR 371(c) DATE</b> 05/25/2000 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> William Reeves, North Branford, CT;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/21/2000				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 3 <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> William Reeves P O Box 23 North Branford, CT06471				
<b>TITLE</b> COMPUTER SYSTEM FOR OPTICAL SCANNING, STORAGE, ORGANIZATION, AUTHENTICATION AND ELECTRONIC TRANSMITTING AND RECEIVING OF MEDICAL RECORDS AND PATIENT INFORMATION, AND OTHER SENSITIVE LEGAL DOCUMENTS				
<b>FILING FEE RECEIVED</b> 919	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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